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Family Medicine Training Helps Docs Help Beneficiaries
By Photographer's Mate 2nd Class Curtis K. Biasi, Naval
Hospital Camp Lejeune Public Affairs

CAMP LEJEUNE, N.C. - When Marines deploy, often their thoughts are of home and family. Thanks to a new family medicine training program, Cmdr. (sel) Maureen Padden is training doctors so the Marines at Camp Lejeune have one less thing to worry about.

On June 16, Naval Hospital Camp Lejeune held a ribbon cutting ceremony launching the start of the hospital's Family Medicine Residency Program. On hand to cut the ribbon were Maj. Gen. David Mize, commanding general Marine Corps Base Camp Lejeune, Capt. Richard C. Welton, commanding officer of Naval Hospital Camp Lejeune, and Capt. Robert Ringler, Family Medicine Residency Program director.

"The principles of family medicine are important," Welton told a standing room only crowd during his opening remarks. "In the past we have done what some call drive-by medicine in an effort to restore health that has deteriorated. We have to develop a relationship between families and providers and this new program will help us do just that".

The program focuses on continuity in patient care. As part of the training, residents will be given the opportunity to follow their patients from the initial intervention through the management of their condition to completion of the healing process. The main tool used by the program in guaranteeing patients continuity

is what Padden calls the Team Concept.

"The Team Concept assigns patients to a team of care givers that allows patients access to doctors when they need care. It's important that the residents get to know their patients so they can help them avoid illnesses in all aspects of their lives and treat those needs that arise," said Padden.

Padden, who is training director of the newly established program, wants Marines to have peace of mind when they are away from home.

"It's the role of family practice physicians to maintain a high level of care for Marines and their families and help them navigate the sometimes complicated healthcare system," Padden said.

According to Ringler, the program is based on one that has been in place at Camp Pendleton for more than 25 years. "We hope that as the residency program grows, we can build the same type of demand for family medicine doctors they have in Pendleton," he said.

"The program is so popular in California that I've had patients that I treated during my residency there who have been transferred and seek me out to be their doctor here," Padden added.

Under the new Family Medicine Residency Program, the hospital can expect to receive six new residents on average each year for training in family medicine.

Other area hospitals such as Womack Army Hospital in Fayetteville, N.C. and East Carolina University in Greenville have agreed to provide the residents with opportunities to experience different aspects of

medicine that they wouldn't normally get to see at Camp Lejeune.

"The program gives the physicians the detail-oriented training we need," said Lt. Cmdr. Michael Swanson, one of the residents in the program.

"It is important for the Residency Program to be at Camp Lejeune, because the Marine Corps relies heavily on Navy Medicine," said guest speaker, Rear Adm. Robert Higgins (ret).

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NOMI Works To Build An Enterprise Environment
By Cmdr. Jeff Brinker and Brian Locke, Naval Operational
Medicine Institute

PENSACOLA, Fla. - Big things are happening at the Naval Operational Medicine Institute (NOMI). Last year the Naval Aerospace Medical Institute (NAMI), a detachment of NOMI, started implementing a long overdue update to their Aeromedical Physical Qualification Review system.

The Aviation Physical Qualifications Department is responsible for developing medical standards for aviation specialty programs of the Navy and Marine Corps. They also review applicant and waiver physicals for compliance with aviation standards recommending waivers of standards to Bureau of Naval Personnel, the

Commandant of the Marine Corps, and other headquarters agencies.

Due to manpower shortages, NAMI desperately needed to improve their internal workflow process. In an effort to streamline the workload, a new imaging system replaced the microfiche filming process and a fax server was installed and tied to the imaging system so aviation physicals could be faxed instead of mailed. A timesaving workflow system was also implemented to process physicals. The old process was redesigned from the ground up eliminating duplicate entry and consolidating work steps.

Lookup screens provided instant feedback of reviewer selections. The biggest time saving implementation has been the integration of a Waiver Letter/SF507 module. Based on reviewer selections, waiver letters and SF507s could be generated instantaneously, e-mailed to Bureau of Naval Personnel (BUPERS) for final authority, or back to the examining facility to be included in the patient's records.

How much improvement can the right application make on any given process? Even with a reduction in manpower, processing was slashed from three months to one day in emergency situations and from six to nine months down to one to two weeks for normal reviews.

The reduction in processing time greatly benefits the operational fleet. Grounded aviators previously

found "Not Physically Qualified" but are now "Qualified" or recommended for a waiver, will be back flying as soon as possible. Conversely, those who were "Physically Qualified" but are now "Not Physically Qualified" can be quickly removed from flight duties, given proper medical care, and returned to the cockpit expeditiously.

With the new system completed, NOMI and NAMI are continuing to move forward. Work has begun on the creation of a new Electronic Physical Exam (EPE) system to allow medical facilities not only to generate aviation physicals but also all Navy physicals. The goal is to develop a physical exam system by maintaining a Physical Exam Data Repository at NOMI. This will give the medical facilities, both land and shipboard based, quick access to the medical information they need.

A web-aware client version of the EPE will be available for shipboard or disconnected medical facilities and a web version available for Internet connected facilities. Completed physicals would be transmitted to NOMI for processing with Aviation physicals routed to the Physical Qualifications Department.

With enormous research potential, the web version will allow authorized medical personnel to query data, receive status information, or determine how many people were given waivers, or not, for any particular defect. Navy physicians anywhere will get convenient and up to

date information concerning a member's medical history.

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Smallpox Vaccine Has "No Serious Side Effects," Military Study Concludes

From Bureau of Medicine and Surgery Public Affairs

WASHINGTON - Mass smallpox vaccinations can be conducted safely with "very low" rates of serious adverse effects, the Defense Department's senior medical official said recently.

And the military will continue with its vaccination program because the smallpox bioterror threat remains, said Dr. William Winkenwerder, assistant secretary of defense for health affairs, during a recent press briefing.

"Although we are no longer vaccinating service members at the rate we witnessed earlier in the program, we continue to vaccinate those who are serving or who soon will be serving in high-risk areas," he noted.

"Our experience demonstrates that on a large scale the smallpox vaccination program can be conducted safely," Winkenwerder said.

DoD's top doctor pointed out that there are risks associated with the smallpox vaccination, even though significant side effects are rare and death, very rare. But, he added, "Our experience is that it is possible to

reduce those risks associated with the vaccine."

According to information from the five and a half-month military study, DoD administered 450,293 smallpox vaccinations, including more than 50,000 per week at the peak of the military vaccination program.

The study began Dec. 13, 2002, the day after President Bush announced the plan to vaccinate the military, and ended May 28, 2003.

During that period, the military began vaccinating selected military personnel in a national program of preparedness against the use of smallpox as a biological weapon.

Army Col. John D. Grabenstein, deputy director for clinical operations at the Military Vaccine Agency, said the study proved that the vaccine was administered without many adverse reactions, such as skin irritation and blister rashes, or risks associated with the vaccine.

Grabenstein, who along with Winkenwerder co-authored a report on the vaccination study, said that adverse incidents were not as apparent as historical data would suggest.

"Itching at the vaccination site was reported by about 60 percent of those vaccinated," Grabenstein said. In addition, he said that cases of "blister rashes were mild and that they were treated on an outpatient basis. He also noted that only 3 percent needed to take sick

leave after being vaccinated. That leave lasted roughly a day and a half, he said.

Winkenwerder said key elements of keeping risks to a minimum during the vaccination program include comprehensive training of medical staff; education and careful screening of service members to be vaccinated; close monitoring following vaccination; and early intervention when adverse events occur.

He noted one very important finding in the study: no cases of transmission of vaccine virus from the health care worker to the patient.

But there were some concerns about the study. Winkenwerder said acute myopericarditis -- inflammation of the membrane covering the heart - occurred in a small number of service members who received the vaccine: about 1 in 12,000, or 37, people.

"All of these individuals have recovered or they are recovering and we will continue to follow them," he said.

Grabenstein also refuted media accounts of the vaccine causing heart attacks in military personnel.

"We have had several heart attacks among smallpox vaccines, but no more than we have had among a similar amount of unvaccinated people," he said. "So our conclusion is that heart attacks and small pox vaccination are unrelated," he said.

Winkenwerder said that information learned from the

study will provide the American medical community and public with "current, factual information that will be useful as the U.S. moves forward with its vaccination program."

The study's results were reported on the Journal of the American Medical Association's Web site at www.jama.ama-assn.org.

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Chiropractic Care Available To Active Duty Members From Bureau of Medicine and Surgery Public Affairs

WASHINGTON - The National Defense Authorization Act for fiscal year 2001 established the Chiropractic Care Program, replacing the former Chiropractic Health Care Demonstration Program (CHCDP) that ended in September 1999.

The Chiropractic Care Program is only available to active duty service members at designated military treatment facilities (MTFs). Family members may be referred to non-chiropractic health care services in the Military Health System (physical therapy, family practice or orthopedics) or may seek chiropractic care in the local community at their own expense.

Active duty service members may be treated by a chiropractic provider for neuro-musculoskeletal conditions if they are referred by their primary care

manager at one of the designated MTFs.

During the course of treatment, the primary care manager will determine if specialty care (traditional or chiropractic care) is required. If chiropractic care is considered an option, the patient will undergo a screening process to rule out any medical conditions that would prohibit chiropractic care. If appropriate, the primary care manager may refer the patient to a chiropractic provider for treatment.

Chiropractic care received outside of the designated locations may not be covered under the Chiropractic Care Program.

The Chiropractic Care Program is available at Navy MTFs in Camp Lejeune, N.C., Camp Pendleton, Calif., Jacksonville, Fla., Bremerton, Wash., and Bethesda, Md. It is also available at select Army and Air Force MTFs.

For more information about the Chiropractic Care Program, please visit the TRICARE Web site at www.tricare.osd.mil or visit your local health benefits adviser or beneficiary counseling and assistance coordinator for more details.

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Bremerton Reservist Volunteers To Give F-8A A Facelift
By Larry Coffey, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - When Hospital Corpsman 3rd Class

Mary Case volunteered to head up a volunteer project to clean the F-8A Crusader at Naval Aviation Depot Park near Naval Hospital Bremerton, she said she felt it was a simple project. She and a couple of hospital corpsmen could knock it out in a couple of days, or so she thought.

The activated Navy reservist from the Stead, Nevada Navy and Marine Corps Reserve Center north of Reno soon found herself involved in a complex project involving people and assets from throughout the region.

Case, along with several active and Reserve hospital personnel and two aviation structural mechanics from Whidbey Island Naval Air Station, recently completed a 12-day project cleaning and painting of the aircraft, which was donated to the City of Bremerton in 1975.

Case, a barracks petty officer at the hospital, said the idea to clean the aircraft came up during morning quarters at the barracks. Chief Storekeeper (SW/AW) Chuck Rinesmith, Case's leading chief petty officer, was discussing potential community projects.

"The community is so supportive of the Navy and the deployment of Fleet Hospital Eight," Case said. "We wanted to give something back in return. Someone mentioned the airplane. As soon as I heard that, I jumped on it because I like airplanes, and it really needed some tender loving care."

The operating room technician turned innkeeper used some of Rinesmith's contacts in the Puget Sound area to enlist volunteers like the two aviation structural mechanics, experienced aircraft painters from the Naval Air Station Whidbey Island.

"It wasn't just painting the aircraft," Case said. "They knew how to manage the whole restoration project. We pressure washed it and got all the loose particles off. We hand scrubbed it with the green scrub pads. We scuffed it up using sandpaper and sanded the whole airplane. Then we went over the whole airplane with isopropyl alcohol and sprayed it off to make sure all the dirt was off. Finally, we wiped it down."

Next, the Navy volunteers taped off the decals then returned the next day to paint it. After two-plus days of delays due to equipment problems, the aircraft was finally painted.

Case said the delays could have been much longer had it not been for help from area commands. Equipment and supplies were loaned or donated by several hospital departments, Johnson Controls, Submarine Base Bangor and Whidbey Island, turning what began as a Naval Hospital Bremerton volunteer weekend into an almost two-week Northwest Navy team effort.

"It takes a long time to paint an airplane," Case said. "That thing is 54 feet long and 15 feet high with the wings folded. It's just massive, and it was a

massive project."

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Healthwatch: Eye Injuries Can Be Prevented
By Aveline V. Allen, Bureau of Medicine and Surgery

WASHINGTON - Car airbags, children's toys and laundry detergent. Are they a combination for disaster?

No, but all have the potential to be dangerous to your eyes.

Industry experts want you to be aware that prevention is the first and most important step in avoiding serious eye injuries.

July is Eye Injury Prevention Month, and a chance for you to make sure your family is aware of the potential dangers to their eyes around the house.

The American Academy of Ophthalmology (AAO) emphasizes that people should be aware of protecting their eyes from extraordinary damage from the most ordinary of activities.

They report that about 1 million eye injuries occur each year and they are one of the leading causes of visual impairment in the United States.

U.S. Eye Injury Registry statistics show that approximately 43 percent of eye injuries happen in the home. However, they report that 90 percent of these injuries could have been prevented if precautions were taken.

These statistics would be a lot lower if people were aware of some of the most common eye injuries that occur within the home and outside in the yard. The AAO cites some of the leading causes of eye injury include household chemicals such as cleaning fluids, detergents and ammonia. These chemicals can burn the eye's delicate tissue, according to the AAO.

"Caustic chemicals can burn the eyes causing serious permanent damage to the eye," said Cmdr. Kerry E. Hunt, Medical Corps, Navy Medicine specialty leader for ophthalmology.

In addition, yard debris, children's toys and games, glitter make-up, sports accidents and fireworks

also rate at the top of the list for causes of eye injuries.

"Some of the most devastating eye injuries occur from small, rapidly-moving objects, such as items flying off of weed trimmers and grinding wheels, or from hammering," added Hunt. "Protective goggles are a must when operating machinery."

Another potential and notable cause of eye injuries is ultraviolet light radiating from the sun and tanning beds, which can be detrimental to your eyes. According to the AAO, excessive exposure to the sunlight reflected off sand, water or pavement can burn the eye's surface.

"Ultraviolet radiation from the sun has also been implicated in contributing to cataract formation and age-related macular degeneration," Hunt said.

There are some simple steps you can take to prevent eye injuries. These include wearing the appropriate protective eyewear, such as sunglasses or goggles when in the sun, garden, workshop or home.

AAO reports that deploying air bags have caused serious eye injuries for children in car accidents.

Infants and children should always be in the back seat of a car, thus preventing eye injuries from car airbags deploying.

Use precautions and read labels carefully before using household chemicals and products. Experts recommend working in well-ventilated areas, and if using spray nozzles, make sure they are pointed away from you before spraying.

However, if you or a loved one sustain a serious eye injury, go to the nearest hospital emergency room or call your family ophthalmologist right away.

According to the AAO, many times all that stands between you and a devastating eye injury is a little common sense.

For more information, see www.aao.org.

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Got news? If you'd like to submit an article or have an idea for one, please contact MEDNEWS at 202-762-3221, fax 202-762-1705 or btbadura@us.med.navy.mil.